



DIRECT DEPOSIT FORM FOR EXISTING VENDORS

VENDOR DIRECT DEPOSIT AND ADVANCE PAYMENT NOTIFICATION FORM FOR EXISTING VENDORS

Submit completed and signed form to:

Email: **vendorteam@ttuhsc.edu**

Fax: **806-743-7850**

Section A: Transaction Type *(select one or more as needed)*

New Direct Deposit Setup

Change Existing Direct Deposit Setup

Change Account Number

Change Account Type

Cancel Direct Deposit

Change Financial Institution

Change E-mail Address for Advance Payment Notification

Section B: General Vendor Information *(required)*

Vendor Name

Business Name
(if different)

Taxpayer Identification Number

or Social Security Number

Contact Name

Contact Phone

Contact Fax Number

Contact E-mail Address

Section C: Accounts Payable Information *(required)*

Remit address

City

State

Zip Code

Business Phone

Toll-free Number

Fax Number

Section D: International ACH (Direct Deposit) Payment Verification *(Required)*

Will these payments be forwarded to a financial institution outside the United States?

Yes

No

If yes, please specify the name of the country payment(s) will be forwarded to:

Section E: Payment Account Information (for US financial institutions only) *Completion by financial institution is recommended*

NAME
ADDRESS
CITY, STATE, ZIP

DATE

PAY TO THE ORDER OF \$

BANK NAME
ADDRESS
CITY, STATE, ZIP

0123 0123456789

⑆0⑆ 123456789 ⑆012345678901234 ⑆0123

Bank Routing Number Bank Account Number Check Number

Financial Institution Name

Routing Number (nine digit code)

Account Type

Account Number

Checking

Savings

The University pays vendors from multiple funding sources. The primary funding sources are from University funds and from state of Texas funds. The state of Texas funds are paid directly from the Texas Comptroller of Public Accounts. This form is designed to authorize payments from both the state of Texas and Texas Tech University System.

Section F: Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (Required)

I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts. I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

Authorized Signature (Required)

Printed Name

Date

To sign up for Advance Payment Notifications (APNs), please click or copy the link below to visit the Texas Comptroller of Public Accounts (CPA) web site to set up an account <https://mycpa.cpa.state.tx.us/securitymp1portal/displayCreateAccountPart1.do>

Section G: Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Tech University Health Sciences Center (Required)

I hereby authorize Texas Tech University Health Sciences Center to deposit by electronic transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas Tech University Health Sciences Center shall deposit the payments in the financial institution and account designated above. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Texas Tech University Health Sciences Center's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature (Required)

Printed Name

Date

E-mail (required for direct deposit)

By providing an e-mail address, I authorize notifications of payment(s) posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

Benefits of Direct Deposit!

1. Expedites payments to the vendor: cuts down on mailing and deposit times.
2. Secured and automated: no more lost checks, mail delays, etc.
3. Easy: one-time setup and payments are posted directly to your account.
4. Green: paper checks add 3.6 million tons of CO2 into the environment each year.
5. Reduces costs for taxpayers: the printing and mailing of checks adds to the costs for taxpayers.

Instructions for preparing the Vendor Direct Deposit and Advance Payment Notification Form for Existing Vendors

A. **Transaction Type:** select one or more transaction types to identify vendor setup type needed.

B. **General Vendor Information:** provide the companies, basic information, so that it may be confirmed in the vendor system. Please note that the Vendor name and Tax ID are required information items.

C. **Accounts Payable Information:** provide the remit address for remittance of payments if direct deposit is not utilized.

D. **International Payment Verification:** must indicate either Yes or No. This question applies to the direct deposit payments issue **by the University and/or state of Texas. If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact Texas Tech University Health Sciences Center at 806-743-7841 or e-mail vendorteam@ttuhsc.edu.**

E. **Payment Account Information:** completion by financial institution is recommended. **Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. **Note:** A prenote test will be sent to your financial institution for the account information entered into the system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Note: The University receives funding from various sources. Each type of funding (University, State of Texas, Federal, Grant) will be handled differently. For vendors receiving State appropriated funds, those funds will be by paid directly from the Texas Comptroller of Public Accounts. If the vendor elects to receive paper checks, the vendor will receive a separate check from the Comptroller for any portion paid on appropriated funds and a separate check for any portion paid on any other type of funding (University, Federal, Grant). If the vendor elects to receive direct deposits and advance payment notifications, those payments and notifications will come from different sources. Therefore, it will be required that the vendor authorize direct deposits and payment notifications for both the Texas Comptroller of Public Accounts and Texas Tech University Health Sciences Center.

F. **Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (Required):** set up an account for Advance Payment Notifications (APNs) on the Texas Comptroller of Public Accounts web site. You can click on the link below or copy and paste into your browser. <https://mycpa.cpa.state.tx.us/securitymp1portal/displayCreateAccountPart1.do>

G. **Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Tech University Health Sciences Center (Required):** provide the contact name, date, and e-mail address to which payment notifications are to be sent. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit.

Please return your completed and signed form to Texas Tech University Health Sciences Center:

E-mail: vendorteam@ttuhsc.edu
Fax: 806-743-7850
Address: Texas Tech University Health Sciences Center
Box 5706
Lubbock, Texas 79408-5706
Phone: 806-743-7841